

**AVERAGE EXPENDITURE PER RECIPIENT
BY TYPE OF MEDICAL SERVICE**

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Type of Service (2)	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998
Inpatient Hospital	1,840	1,967	2,809	2,483	2,741	2,905	3,189	3,579	4,199	3,582	3,787	3,767	3,156	3,303
Mental Hospital	1,277	915	2,126	1,705	1,535	1,846	881	1,535	1,222	2,252	1,652	1,684	1,768	1,499
SNF/ICF For Aged	18,922	23,792	28,056	34,303	27,892	32,534	32,748	30,255	32,197	33,797	30,628	44,323	48,818	45,116
Inpatient Psychiatric - 21	0	0	0	0	0	0	0	0	6,669	8,810	8,521	8,935	7,649	3,733
ICF - Mentally Retarded	26,474	28,432	35,472	40,924	39,257	41,704	44,653	48,332	49,947	53,332	54,990	59,536	60,259	64,749
ICF - All Other	8,820	8,823	8,997	9,727	10,185	11,015	12,094	0	0	0	0	0	0	0
SNF Services	8,187	7,888	6,844	7,126	6,810	6,725	7,014	12,562	12,827	13,416	13,887	14,241	14,171	14,149
Physician Services	151	160	175	201	228	261	348	393	411	384	370	344	369	384
Dental Services	89	89	86	87	93	100	119	122	127	119	124	127	129	131
Other Practitioner	51	53	55	59	61	66	83	96	113	126	141	136	131	117
Outpatient Hospital	166	194	217	251	277	325	380	364	388	383	388	397	428	453
Clinic Services	170	187	204	226	205	222	417	626	753	809	934	1,164	1,492	1,805
Home Health Waivered Services														
Home Health	1,458	1,483	1,513	1,547	1,688	1,729	1,607	1,271	841	724	997	959	1,109	1,112
Personal Care	3,275	3,569	3,576	3,768	4,275	4,331	4,944	5,112	5,987	6,142	6,699	7,484	7,723	7,752
Adult Day Care	0	0	0	0	0	0	2,574	2,945	3,228	3,246	3,258	3,634	3,766	3,843
Ventilator Waiver	0	0	0	0	0	0	31,410	33,048	39,541	44,647	50,466	40,094	39,278	46,867
Respite Care	0	0	0	0	0	0	1,185	1,050	787	1,098	1,686	1,686	1,693	1,600
Case Management	0	0	0	0	0	0	0	301	330	342	424	447	314	203
Family Planning	61	65	66	68	76	90	138	146	152	122	110	103	99	98
Lab and X-Ray Services	36	39	41	44	48	58	74	78	85	79	81	82	81	70
Prescribed Drugs	182	213	233	260	280	281	321	336	376	397	441	509	605	714
Screening	30	33	35	36	39	50	66	78	88	78	85	104	104	92
Rural Health Clinic	0	0	0	0	0	0	82	79	112	93	146	210	225	228
Other Care	201	222	259	337	403	455	485	389	405	388	440	484	582	619
All Services (4)	1,734	1,865	2,151	2,282	2,380	2,484	2,771	2,806	2,903	2,677	2,702	2,793	3,057	3,274

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**AVERAGE EXPENDITURE PER RECIPIENT
BY TYPE OF MEDICAL SERVICE**

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Type of Service (2)	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Inpatient Hospital Services	3,421	3,466	3,760	4,046	4,226	2,960	2,943							
Mental Health Facility Services	2,585	2,806	3,066	3,238	4,104	4,720	5,112							
Nursing Facility Services	14,447	16,359	18,222	18,818	19,901	21,780	23,324							
ICF/MR Services	73,999	80,985	83,221	86,371	111,442	113,447	105,438							
Physician Services	410	431	553	576	632	367	415							
Outpatient Hospital Services	476	495	514	518	565	517	713							
EPSDT Screening Services	98	101	104	93	90	93	99							
Prescribed Drugs	850	1,091	1,234	1,399	1,638	1,810	1,909							
Dental Services	210	215	235	235	254	258	272							
Other Practitioner Services	107	104	112	114	114	192	196							
Clinic Services	525	643	791	803	841	390	317							
Lab and X-ray Services	90	93	94	94	105	105	116							
Family Planning Services	118	122	115	116	123	67	104							
Home Health Services	1,108	1,111	1,068	1,120	1,157	778	922							
Personal Care Support Services	3,342	2,224	1,839	1,894	2,294	4,675	4,783							
Home Health Community Services	23,074	24,972	27,045	27,738	27,713	40,331	38,804							
Other Care	570	667	823	378	354	734	800							
Capitated Care	1,083	1,489	1,595	1,524	1,801	1,903	2,178							
PCCM Services	3	50	95	135	167	25	25							
All Services (4)	3,486	3,841	4,318	4,483	4,725	4,795	5,058							

Source: CMS-2082 report series prior to FY 2004, SAS Claims Invoice and Eligibility files thereafter (7)

Notes:

- (1) Payments do not include cost settlements and other post payments which are not directly associated with particular claims.
- (2) Recipients are unduplicated within category of service but not between categories.
- (3) This report reflects service categories as redefined by CMS in FY 1999.
- (4) Expenditures per recipient calculated based on number of unduplicated recipients across all services.
- (5) This report is updated annually in August/September.
- (6) VaMMIS system modifications and CMS reporting requirements have forced substantial counting method changes for FY 2004 based on MSIS definitions. The apparent increase in data variability is not thought to be significantly correlated to any actual shifts in expenditure, utilization, or enrollment levels that may have occurred since FY 2003.
- (7) CMS 2082 reports series inaccurate at time of publication. FY 2004 has been restated to reflect change in data source.

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Originator: Frederick Waithe